Image# 12971711754 PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other I	nan An Auth	orized Comm	ittee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PR	INT ▼	Example: If ty over the lines		12FE4M5		
AMERICAN SOCIETY	OF INTE	RVENTION	AL PAIN PH	YSICIAN P	PAC		
ADDRESS (number and street)	2831 Lone	Oak Road					
Check if different							
than previously reported. (ACC)	Paducah				KY	42003	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY	^		STATE A	ZIP CODE	A
C C00351197		3. IS RE	THIS X	NEW (N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthl Report		20 (M2)	May 20 (M5)	Aug	(Noi Yea	v 20 (M11) n-Election r Only)
(a) Quarterly Reports:		Mar 2	20 (M3)	Jun 20 (M6)	Sep	(Noi	c 20 (M12) n-Election r Only)
April 15		Apr 2	20 (M4) ×	Jul 20 (M7)	Oct 2	20 (M10) Jar	n 31 (YE)
Quarterly Report (C July 15	(C) 1	2-Day RE -Election	Primary (12P)	General	(12G) Rur	noff (12R)
Quarterly Report (C	J2)	eport for the:	Conventio	n (12C)	Special (12S)	
Quarterly Report (C	23)		M = M	/ D D /	Y Y Y	in the	_
January 31 Year-End Report (Y	/E)	Election	on			State of	
July 31 Mid-Year Report (Non-electio Year Only) (MY)	on P	0-Day OST-Election eport for the:	General (30G)	Runoff (3	OR) Spe	ecial (30S)
Termination Report (TER)		Election	on	/ D D /	Y = Y = Y = Y	in the State of	
5. Covering Period 06	M / D D D 01	2012	through	n 06	/ D D /	2012	
I certify that I have examined th	nis Report and	to the best of r	ny knowledge an	d belief it is tr	ue, correct and	complete.	
Type or Print Name of Treasure	r Laxmaiah N	Manchikanti MD					
Signature of Treasurer Laxm	naiah Manchikan	ti MD	[Electronic	ally Filed]	Date 07		012
NOTE: Submission of false, errone	eous, or incom	plete information	may subject the r	person signing t	this Report to th	ne penalties of 2 U.S.	C. §437g.
Office	, ,		, ,,,,,,,,,,,		, , , , ,	FEC FORM	
Use Only						Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2012		299846.98			
	(b) Cash on Hand at Beginning of Reporting Period	318293.96				
	(c) Total Receipts (from Line 19)	23022.79	99385.4			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	341316.75	399232.4			
7.	Total Disbursements (from Line 31)	43599.79	101515.4			
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	297716.96	297716.9			
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

R	eport Covering the Period: From: 06		06 30 / 2012				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees						
	(i) Itemized (use Schedule A)	18409.70	75698.71				
	(ii) Unitemized(iii) TOTAL (add	100.00	1850.00				
	Lines 11(a)(i) and (ii)	18509.70	77548.71				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)	0.00	0.00				
12	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ Transfers From Affiliated/Other	18509.70	77548.71				
12.	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00				
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
17	to Federal Candidates and Other Political Committees	0.00	5000.00				
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	4513.09	16836.75				
	(from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
							
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	23022.79	99385.46				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	23022.79	99385.46				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	99.79	470.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	99.79	470.19
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	43500.00	88500.00
. Independent Expenditures (use Schedule E)	0.00	0.00
5. Coordinated Party Expenditures (2 U.S.C. §441a(d))		
(use Schedule F)		0.00
6. Loan Repayments Made		0.00
7. Loans Made	0.00	0.00
3. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c)).	▶ 0.00	0.00
Other Disbursements		12545.29
 Federal Election Activity (2 U.S.C. § (a) Allocated Federal Election Activity 	• • • • • • • • • • • • • • • • • • • •	
(from Schedule H6)		
(i) Federal Share		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid E	Entirely	
With Federal Funds		0.00
(c) Total Federal Election Activity (Lines 30(a)(i), 30(a)(ii) and 30		0.00
. Total Disbursements (add Lines 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 3		101515.48
2. Total Federal Disbursements	(a)/ii)	
(subtract Line 21(a)(ii) and Line 30(from Line 31)		101515.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		i age 3			
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	18509.70	77548.71			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18509.70	77548.71			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	99.79	470.19			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	99.79	470.19			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAGE	E 6 OF	17				
(check only one)								
X 11a	11b	11c	12					
13	14	15	16	17				

or for commercial purposes, other than using	g the name and address of any political committee t	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC		
Full Name (Last, First, Middle Initial) Ajay Aggarwal MD Mailing Address 4525 Teas St.	Ajay Aggarwal MD			
City	State Zip Code	06 19 2012 Transaction ID : SA11AI.10180		
Bellaire FEC ID number of contributing federal political committee.	TX 77401	Amount of Each Receipt this Period 501.00		
Name of Employer AATX ABC MDPA Receipt For:	Occupation Physician	- Contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00			
Full Name (Last, First, Middle Initial) Barbara Bryce Mailing Address 7329 Summit Ridge Road	Date of Receipt			
City Middleton	State Zip Code WI 53562	Transaction ID : SA11AI.10181 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00 Contribution		
Name of Employer Self Receipt For:	Occupation Housewife	Continuation		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) David Bryce MD		Date of Receipt		
Mailing Address 7329 Summit Ridge Rd.		06 19 2012		
City Middleton	State Zip Code WI 53562	Transaction ID : SA11AI.10183 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	2000.00		
Name of Employer Advanced Pain Management	Occupation Physician	_ Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
SUBTOTAL of Receipts This Page (optiona	1)	3501.00		
TOTAL This Period (last page this line num	aber only)			

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:					PAGE		7	OF		17	
(check only one)												
		X	11a		11b		11c		12			
			13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Kimber Eubanks MD Mailing Address, 0203 Biags Viets St		Date of Receipt
Mailing Address 9303 Biena Vista St.		06 19 , 2012 ,
City Prairie Village	State Zip Code KS 66207	Transaction ID : SA11AI.10185
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 325.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Orlando Florete MD Mailing Address 2200 Acadie Drive	Date of Receipt	
City Jacksonville	State Zip Code FL 32217	7 06 27 2012 Transaction ID : SA11AI.10194 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer The Institute of Pain Manageme	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	
Full Name (Last, First, Middle Initial) C. Scott Glaser MD		Date of Receipt
Mailing Address 134 E 4th Street		06 27 2012 _
City Hinsdale	State Zip Code IL 60521	Transaction ID : SA11AI.10195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	304.16
Name of Employer Pain Spec.of Greater Chicago	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 608.32	
SUBTOTAL of Receipts This Page (optional)	1045.82
	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAGE	8 OF	17				
(check only one)								
X 11a	11b	11c	12					
13	14	15	16	17				

UI	to commercial purposes, other than using the	name and address of any political committee to	SOIIGH COMMUNIS HOM SUCH COMMUNICE.
\rangle		RVENTIONAL PAIN PHYSICIAN	PAC
Α.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen MD Mailing Address 1224 Commerce St. SW City Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For: Primary General Other (specify)	State Zip Code NC 28613 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M / 27 2012 Transaction ID: SA11AI.10196 Amount of Each Receipt this Period 250.00 Contribution
3.	Full Name (Last, First, Middle Initial) Paul Hubbell MD Mailing Address 2701 Lake Villa Dr City Metairie FEC ID number of contributing federal political committee. Name of Employer Southern Pain Receipt For: Primary General Other (specify)	State Zip Code LA 70002 C Occupation Physician Aggregate Year-to-Date ▼ 2522.73	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
).	Full Name (Last, First, Middle Initial) Gary Johnson MD Mailing Address 401 Nautilus Drive City Bismarck FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code ND 58504 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / 06
S	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1662.88
T	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF		17	
(check only one)											
×	11a		11b		11c		12				
	13		14		15		16			17	

or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIA	N PAC	
Full Name (Last, First, Middle Initial) Demetrios Kaiafas MD Mailing Address 430 Morton Plant St.	Demetrios Kaiafas MD		
City Clearwater	State Zip Code FL 33756	06 27 2012 Transaction ID : SA11AI.10198	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00	
Name of Employer Clearwater Pain Management Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Contribution	
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) 3. David Kloth MD Mailing Address 4 Old Bedow Mountain R	Date of Receipt		
City Ridgehold	State Zip Code CT 00877	Transaction ID : SA11AI.10186 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	5000.00	
Name of Employer Connecticut Pain Care, PC Receipt For:	Occupation Physician	Contribution	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		
Full Name (Last, First, Middle Initial) Allan Parr MD	·	Date of Receipt	
Mailing Address 7015 Highway 190 East		06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Covington	State Zip Code LA 70433	Transaction ID : SA11AI.10176 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	5000.00	
Name of Employer Premier Pain Center	Occupation Physician	Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		
SUBTOTAL of Receipts This Page (optional	1)	10050.00	
TOTAL This Period (last page this line num	nber only)		

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	PAGE		10	OF	17			
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC		
Full Name (Last, First, Middle Initial) Timothy Ward MD		Date of Receipt		
Mailing Address 185 Feathergrass Lane				
City Thomasville	State Zip Code GA 31792	Transaction ID : SA11AI.10199 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	150.00		
Name of Employer South Georgia Anes. Assn.	Occupation Physician	Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00			
Full Name (Last, First, Middle Initial) K. Dean Willis MD Mailing Address 107 Williams & Broad Drive		Date of Receipt		
City Brownsboro	State Zip Code AL 35741	Transaction ID : SA11AI.10187 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	2000.00		
Name of Employer Self	Occupation Physician	Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С			
Name of Employer	Occupation	-		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	-		
SUBTOTAL of Receipts This Page (optional).		2150.00		
TOTAL This Period (last page this line numb	er only)	18409.70		

Image# 129/1/11/64											
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 1 (check only one)									
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17									
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a											
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTION	ONAL PAIN PHYSICIA	IN PAC	•								

or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	PAC
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State Zip Code KY 42003 C Occupation	7 Transaction ID : SA17.10229 Amount of Each Receipt this Period 8.38 monthly earned interest
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12332.04	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street	Charles 7 in Co. I.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Paducah FEC ID number of contributing	State Zip Code KY 42003	Transaction ID : SA17.10230 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	836.10 Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 13168.14	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
City Paducah FEC ID number of contributing	State Zip Code KY 42003	06 30 2012 Transaction ID : SA17.10231 Amount of Each Receipt this Period 3608.61
federal political committee. Name of Employer	Occupation	Change in investment
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 16776.75	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	4453.09
TOTAL This Period (last page this line number	only)	

	_	R LINE	_		:	PAGE	. '	12	OF	17
Use separate schedule(s) for each category of the	(ch	eck only	or	ne)						
Detailed Summary Page		11a		11b		11c		12	_	_
,		13		14		15		16	>	K 17

	nd Statements may not be sold or used by any pers g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) A. Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
City Paducah FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) ▼	State Zip Code KY 42003 C Occupation Aggregate Year-to-Date ▼ 16836.75	7 Transaction ID : SA17.10232 Amount of Each Receipt this Period 60.00 Yearly merchant adjustment
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Receipt For:	Occupation	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	I)	60.00
TOTAL This Period (last page this line num	ber only)	4513.09

S ľ

State Disbursement Disbursemen	SCHEDULE B (FEC Form 3	DULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 17									17		
Detailed Caumrany Page	·	.) (check onl									5	<u> </u>	
NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) A. Bantera Bank Mailing Address 3151 Jackson Street City State Zip Code RY 42003 Purpose of Disbursement payment for credit card fees Candidate Name Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement this Perior Candidate Name Other (specify) Office Sought: House Disbursement For: Candidate Name Other (specify) Office Sought: House Disbursement For: Candidate Name Other (specify) Other (specify) Full Name (Last, First, Middle Initial) B. Date of Disbursement this Perior Candidate Name Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement this Perior Candidate Name Office Sought: House Disbursement For: Office Sought: House Disbursement For: Primary General						X										26 30b
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) A. Bantera Bank Mailing Address 3151 Jackson Street City State Zip Code Paducan KY 42003 Purpose of Disbursement Payment for credit card fees Candidate Name Category/ Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement this Perion Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Senate Primary General President Disbursement this Perion Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Disbursement this Perion Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Disbursement this Perion Candidate Name Category/ Type Amount of Each Disbursement this Perion Amount of Each Disbursement this Perion Amount of Each Disbursement this Perion	Any information copied from such Reports a or for commercial purposes, other than usin	and Stateme	ents may r and addr	not be sold or u	sed by	any nmi	pers	on o so	for the	pur	pose outions	of s	soliciting om such	contrib	ution ittee.	IS
Full Name (Last, First, Middle Initial) A. Bantera Bank Mailing Address 3151 Jackson Street City Paducah RY 42003 Purpose of Disbursement payment for credit card fees Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement Candidate Name City Purpose of Disbursement Candidate Name Disbursement For: Senate President Candidate Name City State Disbursement Candidate Name Category' Type Date of Disbursement Amount of Each Disbursement this Perior Category' Type Date of Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Amount of Each Disbursement Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement	1 \															
A. Bantera Bank Mailing Address 3151 Jackson Street City State Zip Code RY 42003 Purpose of Disbursement For: Senate Primary General Primary General Purpose of Disbursement B. Date of Disbursement this Perior Candidate Name City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement this Perior Category/ Type Date of Disbursement this Perior State: District: Full Name (Last, First, Middle Initial) B. Date of Disbursement this Perior Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ Category/ Type Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ Category/ Type Category/ Type Office Sought: Disbursement For: Senate President Other (specify) ▼ Category/ Type Office Sought: Disbursement For: State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Perior Amount of Each Disbursement this Perior		NTERVE	ENTION	NAL PAIN I	PHYS	SIC	AAI:	1 F	PAC							
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Category/ Type	Candidate Name				Category/ Type				Amoun	t of	Each	Dis	sbursem	ent this	Peri	iod
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Senate	P	rimary													
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 17		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Staten	lents may not be sold or us				
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
AMERICAN SOCIETY OF INTERV	'ENTIONAL PAIN P	HYSICIAN	PAC		
Full Name (Last, First, Middle Initial)		ı			
A. ANDY HARRIS FOR CONGRESS			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO BOX 1527			06 05 2012		
City	State Zip Code				
ANNAPOLIS	MD 21404		Transaction ID : SB23.10203		
Purpose of Disbursement					
Political Contribution			Amount of Each Disbursement this Period		
Candidate Name ANDREW P HARRIS		Category/	5000.00		
	nent For: 2012	Туре			
Senate Senate	Primary General				
President	Other (specify) ▼				
State: MD District: 01					
Full Name (Last, First, Middle Initial)			Date of Dishurcament		
B. ANN WAGNER FOR CONGRESS			Date of Disbursement		
Mailing Address PO BOX 50			06 14 _ 2012 _		
,	State Zip Code		Transaction ID : SB23.10220		
BALLWIN Purpose of Disbursement	MO 63022				
Political Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
ANN L WAGNER		Type	5000.00		
	nent For: 2012 Primary General				
President	Other (specify)				
State: MO District: 02					
Full Name (Last, First, Middle Initial)					
C. BARTLETT FOR CONGRESS CO	MMITTEE		Date of Disbursement		
Mailing Address DO DOV 202			M M / D D / Y Y Y Y Y Y Y Y Y		
Mailing Address PO BOX 280			06 19 2012		
City	State Zip Code		Transaction ID : SB23.10227		
BUCKEYSTOWN	MD 21717		Transaction ID: SB23.1022/		
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period		
Candidate Name	Candidate Name				
ROSCOE G. REP. BARTLETT	Category/ Type	1000.00			
Office Sought: House Disburser	nent For: 2012				
Senate	Primary General				
President District: 00	Other (specify) ▼				
State: MD District: 06					
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 15 O	F 17	
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or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
AMERICAN SOCIETY OF INTER\	/ENTIONAL PAIN P	HYSICIAN	PAC		
Full Name (Last, First, Middle Initial)			Data of Disharman		
A. CHESAPEAKE PAC			Date of Disbursement		
Mailing Address 170 OLD ENTERPRISE ROAD			06 05 2012	Y	
PO BOX 5323					
	State Zip Code MD 20774		Transaction ID : SB23.10205		
UPPER MARLORO Purpose of Disbursement	MD 20774				
Political Contribution			Amount of Each Disbursement this P	eriod	
Candidate Name		Category/	5000	00	
		Type	5000.	.00	
	ment For: 2012				
Senate President	Primary				
State: District:					
Full Name (Last, First, Middle Initial)					
B. NUNES FOR CONGRESS			Date of Disbursement		
Markey Address			M M / D D / Y Y Y Y Y	Υ	
Mailing Address PO BOX 891			06 19 2012		
City PIXLEY	State Zip Code CA 93256		Transaction ID : SB23.10224		
Purpose of Disbursement	93230				
Political Contribution			Amount of Each Disbursement this P	eriod	
Candidate Name		Category/	5000.	00	
DEVIN GERALD NUNES Office Sought: House Disburser	mont For: 2000	Туре	3000.	.50	
Office Sought: House Disburser Senate	ment For: 3023 Primary General				
President	Other (specify)				
State: CA District: 21					
Full Name (Last, First, Middle Initial)					
C. OLSON FOR CONGRESS COMM	ITTEE		Date of Disbursement		
Mailing Address PO BOX 16381			06 19 2012	Y	
Mailing Address PO BOX 10381			00 19 2012	_	
City	State Zip Code		Transaction ID : SB23.10223		
SUGAR LAND	TX 77496		11a113aCtion ib . 3B23.10223		
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this P	Namber of	
Candidate Name	Candidate Name				
PETER G OLSON	Category/ Type	2500.	00		
Office Sought: House Disburser	ment For: 2012				
Senate	Primary General				
State: TX District: 22	Other (specify) ▼				
State: TX District: 22					
SUBTOTAL of Disbursements This Page (optional)			12500.0	00	
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or	for commercial purposes, other than using the name	ne and address of any politic	cal con	nmit	tee to	solicit c	ontrib	outions	from	such	comm	ttee.		
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN P	HYS	SIC	IAN	PAC								
_	Full Name (Last, First, Middle Initial)													
Α.	ROMNEY VICTORY INC.					Date		sburse		Υ	Y Y	Y		
	Mailing Address 585 Commercial Street					06		1	4	<u></u>	2012			
		State Zip Code MA 02109				Tran	sact	ion ID	: SB2	3.102 ²	15			
	Boston Purpose of Disbursement	02109												
	Political Contribution		Г.			Amou	nt of	Each	Disbu	rseme	nt this	Period		
	Candidate Name		Cate	egor	v/			-		-	500	00.00	1	
				ype	-		_	7	_	7	500	00.00	1	
		nent For: 2012												
	Senate President	Primary General Other (specify)												
	State: District:	□												
_	Full Name (Last, First, Middle Initial)													
В.	THOROUGHBRED PAC					Date		sburse		Y	Y Y	V		
	Mailing Address PO BOX 65116 C/O ARENT FOX PLLC					06	_)5		2012			
	,	State Zip Code				Transaction ID : SB23.10201								
	WASHINGTON Purpose of Disbursement	DC 20035												
	Political Contribution		Γ.		Amount of Each Disbursement this Period									
	Candidate Name	Category/												
				ype	<i>y</i> ,		_	7		7	500	00.00	J.	
		nent For: 2012												
	Senate President	Primary General												
	State: District:	Other (specify) ▼												
_	Full Name (Last, First, Middle Initial)												_	
C.	TRUST PAC TEAM REPUBLICANS FOR L	ITILIZING SENSIBLE TA	CTIC	s		Date	of Di	sburse	ement					
						M II	И /	D			Y	Y		
	Mailing Address 228 S. WASHINGTON STREET SUITE 115					06	_	0	6	<u></u>	2012	_		
		State Zip Code				Tran	eact	ion ID	· SR2	3 102	ng			
	ALEXANDRIA	VA 22314				iiai	Jack	טו ווט.	. 562	J. 102				
	Purpose of Disbursement Political Contribution					Α			D:!			Desit 1		
	Candidate Name		Cate	egor ype	ry/	Amount of Each Disbursement this Period 5000.00								
	Office Sought: House Disburser	nent For: 2012	' '	, ۲۰				7		7			4	
		Primary General												
	President	Other (specify) ▼												
_	State: District:													
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or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
angle AMERICAN SOCIETY OF INTERV	'ENTIONAL PAIN P	HYSICIAN	PAC		
Full Name (Last, First, Middle Initial)					
WHITFIELD FOR CONGRESS CO	NANAITTEE		Date of Disbursement		
WITH IEED I ON CONCRESS CO			M M / D D / Y Y Y Y		
Mailing Address P.O. BOX 391			06 05 2012		
-					
City S HOPKINSVILLE	State Zip Code KY 42241		Transaction ID : SB23.10200		
Purpose of Disbursement	42241				
Political Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/			
ED WHITFIELD		Type	5000.00		
	nent For: 2012				
Senate	Primary General				
State: KY District: 01	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address	Mailing Address				
211					
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type			
Office Sought: House Disburser Senate					
President	Primary General Other (specify) ▼				
State: District:	(
Full Name (Last, First, Middle Initial)					
.			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code				
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Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought: House Disburser	nent For:	Туре			
Senate Dispurser	Primary General				
President	Other (specify) ▼				
State: District:	· · · · · · · · · · · · · · · · · · ·				
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SUBTOTAL of Disbursements This Page (optional)			5000.00		
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